

Fill in this information to identify the case:

Debtor name West Virginia High Technology Consortium FoundationUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIACase number (if known) 1:16-bk-00806 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service</b> PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b> <b>\$0.00</b>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred <b>Various</b>	Basis for the claim: <b>Unassessed and potential federal tax liability</b>	
	Last 4 digits of account number <b>1046</b>	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>ACE Hardware &amp; Contractor Supply</b> 9051 Middletown Mall Fairmont, WV 26554	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$41.96</b>
	Date(s) debt was incurred	<input type="checkbox"/> Contingent
	Last 4 digits of account number <b>4836</b>	<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: <b>Trade creditor</b>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address <b>Action Facilities Management</b> 115 Malone Drive Morgantown, WV 26501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$37,712.88</b>
	Date(s) debt was incurred	<input type="checkbox"/> Contingent
	Last 4 digits of account number	<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: <b>Trade creditor</b>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.3	Nonpriority creditor's name and mailing address <b>Architectural Interior Products</b> 446 Airport Industrial Park Road Parkersburg, WV 26104  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Trade creditor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126.10</b>
3.4	Nonpriority creditor's name and mailing address <b>Arnett Carbis Toothman LLP</b> 600 Market Place Avenue Suite 100 Bridgeport, WV 26330  Date(s) debt was incurred _____ Last 4 digits of account number <u>2999</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Trade creditor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,490.16</b>
3.5	Nonpriority creditor's name and mailing address <b>Beacon Communications Services, LLC</b> 607 North Avenue Suite E Wakefield, MA 01880  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Trade creditor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.11</b>
3.6	Nonpriority creditor's name and mailing address <b>Business Card (Bank of America)</b> PO Box 15796 Wilmington, DE 19886-5796  Date(s) debt was incurred _____ Last 4 digits of account number <u>1515</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Credit card</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$657.36</b>
3.7	Nonpriority creditor's name and mailing address <b>Casto Technical Services</b> 540 Leon Sullivan Way Charleston, WV 25301  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Trade creditor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,280.00</b>
3.8	Nonpriority creditor's name and mailing address <b>City of Fairmont</b> PO Box 1428 109 Merchant Street Fairmont, WV 26555-1428  Date(s) debt was incurred _____ Last 4 digits of account number <u>5000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Trade creditor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,337.72</b>
3.9	Nonpriority creditor's name and mailing address <b>Citynet</b> 100 Citynet Drive Bridgeport, WV 26330  Date(s) debt was incurred _____ Last 4 digits of account number <u>6413</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Trade creditor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.94</b>

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3.10	<p>Nonpriority creditor's name and mailing address  <b>ComDoc, Inc.</b>  <b>3458 Massillon Rd</b>  <b>Uniontown, OH 44685</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>2827</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade creditor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$165.67</b>
3.11	<p>Nonpriority creditor's name and mailing address  <b>Dell Business Credit</b>  <b>Payment Processing Center</b>  <b>PO Box 5275</b>  <b>Carol Stream, IL 60197-5275</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>4103</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade creditor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,011.84</b>
3.12	<p>Nonpriority creditor's name and mailing address  <b>Dodson Brothers</b>  <b>10 Armory Rd</b>  <b>Clarksburg, WV 26301</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>5801</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade creditor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$78.00</b>
3.13	<p>Nonpriority creditor's name and mailing address  <b>Federal Express</b>  <b>PO Box 371461</b>  <b>Pittsburgh, PA 15250-7461</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>4466</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade creditor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$69.76</b>
3.14	<p>Nonpriority creditor's name and mailing address  <b>Frontier Communications</b>  <b>PO Box 20550</b>  <b>Rochester, NY 14602-0550</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>8064</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade creditor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$155.94</b>
3.15	<p>Nonpriority creditor's name and mailing address  <b>Kris Warner</b>  <b>603 Fairchance Rd.</b>  <b>Morgantown, WV 26508</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Professional and consulting services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$8,000.00</b>
3.16	<p>Nonpriority creditor's name and mailing address  <b>Lumos Networks</b>  <b>Wireline Customer Care</b>  <b>1200 Greenbrier St</b>  <b>Charleston, WV 25311</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>9218</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade creditor</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$396.06</b>

Debtor	West Virginia High Technology Consortium Foundation	Case number (if known)	1:16-bk-00806
3.17	Nonpriority creditor's name and mailing address <b>Mainline Mechanical</b> 2 Cameron Road Clarksburg, WV 26301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade creditor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$908.50
3.18	Nonpriority creditor's name and mailing address <b>Metro News Radio</b> 1111 Virginia Street E Charleston, WV 25301 Date(s) debt was incurred _____ Last 4 digits of account number <u>1406</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade creditor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,500.00
3.19	Nonpriority creditor's name and mailing address <b>Mon Power</b> 800 Cabin Hill Drive Greensburg, PA 15606-0001 Date(s) debt was incurred _____ Last 4 digits of account number <u>2971</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,952.91
3.20	Nonpriority creditor's name and mailing address <b>Peoples Natural Gas</b> PO Box 535323 Pittsburgh, PA 15253-5323 Date(s) debt was incurred _____ Last 4 digits of account number <u>6898</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.06
3.21	Nonpriority creditor's name and mailing address <b>Plante &amp; Moran, PLLC</b> 16060 Collections Center Dr. Chicago, IL 60693-0160 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade creditor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,685.00
3.22	Nonpriority creditor's name and mailing address <b>Republic Services</b> No. 2 12th Street Fairmont, WV 26554-3618 Date(s) debt was incurred _____ Last 4 digits of account number <u>3225</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade creditor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.99
3.23	Nonpriority creditor's name and mailing address <b>RSM US LLP</b> 1861 International Dr Suite 400 Mc Lean, VA 22102 Date(s) debt was incurred _____ Last 4 digits of account number <u>2THB</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade creditor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.00

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3.24	Nonpriority creditor's name and mailing address Sherwin Williams Co. 63 Spencer Dr Fairmont, WV 26554 Date(s) debt was incurred Last 4 digits of account number <u>9112</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.57
3.25	Nonpriority creditor's name and mailing address Times-West Virginia PO Box 2530 Beckley, WV 25802-2569 Date(s) debt was incurred Last 4 digits of account number <u>7207</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.26	Nonpriority creditor's name and mailing address Xerox Corporation PO. Box 660501 Dallas, TX 75266-0501 Date(s) debt was incurred Last 4 digits of account number <u>7191</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.85

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of all claim amounts		
5a.	\$	0.00
5b.	+	\$ 123,483.38
5c.	\$	123,483.38

Fill in this information to identify the case:

Debtor name	West Virginia High Technology Consortium Foundation
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF WEST VIRGINIA
Case number (if known)	1:16-bk-00806

Check if this is an  
amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

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Part 1: **Summary of Assets**1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*..... \$ 14,924,895.001b. **Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 4,763,103.341c. **Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 19,687,998.34Part 2: **Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 36,441,897.923. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.003b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 123,483.384. **Total liabilities**.....  
Lines 2 + 3a + 3b

\$ 36,565,381.30

Fill in this information to identify the case:

Debtor name West Virginia High Technology Consortium Foundation

United States Bankruptcy Court for the: NORTHERN DISTRICT OF WEST VIRGINIA

Case number (if known) 1:16-bk-00806

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule E/F*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

2/16/2017

X

Signature of individual signing on behalf of debtor

James L. Estep

Printed name

President and CEO

Position or relationship to debtor